2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

	*
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Wyconico	(For newborn infants give residence of mother)
(If outside city or town limits, write RURAL and give nearest town)	State Many Lond County La Mannett
How long in above place of death? about to yus.	(If outside city or town limits, write RURAL and give nearest town)
Hospilal, Institution, or street address where death occurred;	Street No.
de à	(If rural, give LOCATION)
How long In hospital or Institution?	2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4, Sex 5. Color or face 5. (c) Songle, married, widowed, or divorced	
3. Sex	MEDICAL CERTIFICATION
male a a wont know	20. DATE OF DEATH May 10 19 4 7 21 3 - A
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended the state of the sta
	19 19
7. Birth date of deceased (mo., day, yr.)	and that I last saw h
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
about 35	Dody desta
9. Birthplace Marthompton County Virgina	But to
9. Birthplace	006 10.
10. Usual occupation. Jaken	Due to.
11. Industry or business Same as abapl	
12. Name Januarle Baquell. 13. Birtholace nautongoton County Va.	Other conditions
13. Birthplace narthomsoton County Va.	(Include pregnancy within 3 months of death)
14. Malden name Mary Bailer	21
14. Maiden name Mary Bailey 15. Birthplace Narthomptont County Va.	Major fiedings of operations.
16. Informant mr Sauceauce Baywell.	Actopsy results.
10 -	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Cherifon Virginia	22. VIOLENCE: If death was due to external causes, till in the following:
17. But al. (Burial, cremation, or removal, Which?) Date thereof 7. 12, 1949 (morth) (day) (year)	Accident, suicide, or homicide. accident Bate of 3/10/1/
Cemetery or Rematory Possible	Where did Injury occur? Storpton brews (Gity or town) (Granty) (State)
Location Dalislans And	Injured at home, farm, Industry, public place (where?)
18/12/1	Means of Injury have found ap Injured at work? No
18. Funeral director and the state of the st	with pt. asley until
Address / Saliaberry Ma	23. SIGNATURE Javlademaphy ness
19 Mises 11 1947 Master & Marin	Slepaly the & allem Dorother,
(Date rec'd by registrar) Registrar	Address Andrews Date signed 3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. e-correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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MAY 13 1947 BUREAU VA

Dr. Trader WITH UNFADING INK. Supply every item of information carefully. The correct againmontant. Physicians: please write the causes of death clearly and legiply.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Bultimore

CERTIFICATE OF DEATH

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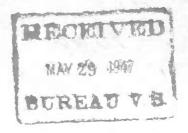
CERTIFICAL	Reg. Diat. No.
1. PLACE OF DEATH KICOMIC	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn interits give residence of mother)
(If outside city or town limits, write RURAL and give nearest town)	State County Cou
How long in above place of death?	Street No. (If rural, give LOCATION)
How long In hospital or Institution?	2.(a) Il veteran, name war
3. (a) FULL NAME Cola Belle Ba	3. (b) Social Security Number
4. Ser 5. Color or see 6.(a) Siggle, married, widowed, or divorced	MEDICAL CERTIFICATION 29° DATE OF DEATH 18 19 7 21 5 9 M
6.(b) Name of husband or wife have there of the first of the series of the first of	21-1 CERTIFY that death occurred on the date above stated; that I attended deceased from 1847 to 1847
7. Birth date of deceased (mo., day, yr.) append 7-1866	and that I last saw h Lt. alive on 1977. Immediate sause of death DURATION
8. AGE: Years Months Days II less Ihan one day	Cerepro vascular accident 2-days
9. Birthplace (Town, equity, and state)	Due 10. Departensine Cardio- vascular disease
10. Usual occupation	Due to
12. Name Jelle July 13. Birtholder 10. Fruittanff Md.	Other conditions Artherio Achersas -
14. Maiden name Errana Puser 15. Birtholac P. D. Fruttan M. Md	(Include pregnancy within 8 months of death) Major findings of operations.
16. Informand Earl 9. Barrier	Autopsy results
Address 17. Date thereof (month) May (year)	22 VIOLENCE: tf death was due to external causes, fill in the following:
Cemetery of Frematory Mulland Message The Mulland Message Management of the Manageme	Where did Injury occur?
18 Het Alleman C. Walle R. Hellen	Means of Injury Injured at work?
saluly md	The STONYURE Charles W. Trader Mrs.
19. Date rold by Marketrary 1904 Le Bassace To Ph	Address Valusbury Md Date signed 5-19-47

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WRITE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

· CERTIFICATE OF DEATH

Reg. Dist. No. 338

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County Wicomus Cily or town Salary	Slate On & County or parents	7 3
(If outside city or town limits, write RURAL and give nearest town)		
How long in above place of dealh?	City or town	()
Pennisula Legual Dospital	Sireet No	
How long in hospital or institution?	2.(a) If veleran, name war	L
3. (a) FULL NAME	3. (b) Social Security Number	
Bowers		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH	: 22
	21. I CERTIFY that death occurred on the date above Claed; that I attended deceased from	
6.(b) Name of husband or wife	mor 25 1947 10 mg 25	19.47
7. Birth date of deceased (mg, day yr.) Wall 74 1941	and that I last saw h. / The alive on	
deceased (mo., day, yr.) 8. AGE: Years Months Days If less man one day	Immediate cause of death	RATION
9hrs	1. Tremstary	Comme
9. Birthplace Sahslering mangland	Due to	
10. Usual occupation.		• • • • • • • • • • • • • • • • • • • •
11. Industry or business	Due to	
	Dther conditions	
12. Name Bulle John 13. Birthplace Partle Carelina		_
14. Maiden name Bores Andre Bolly 15. Birthplace Berlin, and	(Include pregnancy within 3 months of death) Major findings of operations.	
\$ 15. Birthplace Berlin, and	Date of op.	
16. Informant	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically	у.
Address J-/07/14	22. VIOLENCE: If death was due to external causes, fill in the following:	
17. (Buriat, eremation, or removal, Which?)	Accident, suicide, or homicide	
Cemelery or crematory Invisible Fund Dog	re did injury occur?	
Location Solutions me	Injured al home, farm, industry, public place (where?)	
1B. Funeral director	Means of Injury Injured at work?	
Address Salisboury, and	Jakalemoly Up	
19 5-127, 19 HY, Hashart & John	23. SIGNATURE. M. D. or other	25/
(Date red d by registrar) (Legistra	Address Date signed	

PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and MARGIN RESERVED FOR BINDING PLEASE WRITE

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Dr. mayer

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

M a	MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Battimore	
rect a	CERTIFICAT	TE OF DEATH CO Reg. Diat. No. 333
in he gorn	1. PLACE OF DEATH: County County Cliff outside city or town light, write RURAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
n carefully learly and	How long in above place of death? Hospital, institution, or street address where death occurred: Linear Street address where death occurred: How long in hospital or institution?	City or town
nformatio of death c	3. (a) FULL NAME Server atom Manual 4. Sex 5. Color or race 8. (a) Single, married, widowed, or divorced	3. (b) Social Security Number MEDICAL CERTIFICATION
causes o	Boy Colord Single	20. DATE DF DEATH
ASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legical	6.(b) Name of husband or wife	and that t last saw h alive on 19. Immedia: cause of doub. DURATION
ING INK. ysicians: ple	9. Birthptace S. Olisland (Town, coupty, and atate) 1D. Usual occupation 11. Industry or business	Due to.
H UNFAD	12. Name Regnal Brungton 13. Birthplace Land Delawar 14. Malden name Muran Johnson	Other conditions. (Include pregnancy within 3 months of death)
ILY, WIT	14. Maiden name Muna Johnson 15. Birthplace Phladelphia, Person Address	Major findings of operations. Date of op. Autopsy results. PHYSICIAN: Ptease underline the cause to which death should be charged statistically.
E PLAIN is espec	17	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
SE WRIT	Location Scalishering manyland 18. Funeral director.	Injured at home, farm, Industry, public place (where?) Misens of injury Injured at work?
PLEA	19. 6 / 3 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.	22. SIGNATURE (hallos M. d. or ellos

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

1 2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

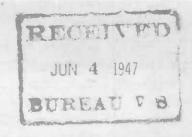
Reg. Dist. No. 933

1. PLACE OF DE.	ATH: omico		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)	
		aryland mits, write RURAL and give nearest town)	State Maryland County Dorche	ster
How long in above place Hospital, institution, or	ot death? Since	ne March 10, 1945	Cliy or town Vienna (If outside city or town limits, write RURAL and	give nearest town)
E. S. Tb.	Sana., S	Balisbury, Md.	Street No	
How long in hospital or	Institution?S.11	ce March 10, 1945	2.(a) tf veteran, name war	
3. (a) FULL NAMI	E		3. (b) Social Se	curity Number
	sfield,			
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATIO	N
Male	White	Widower	20, DATE DF DEATH	47 A:20 a
6.(b) Name of husband		Catherine	21. I CERTIFY that death occurred on the date above stated; that I attend	
Brinsfi 7. 8irth date of	D		and that t tast saw halive on	19
deceased (mo., day, y	Months	Days It less than one day	Immediate cause of death	
68	: 4	19hrsmir	Pulmonary Tuberculosis	3 years
8. BirthplaceDo.r.	chester (Town,	Jounty Md.	Due to	***************************************
10. Usual occupation	Salesman	*	Due to	
11. Industry or business				
12. NameDe.	nnard Bri Maryland	insfield	Other conditions	
		Thompson	(Include pregnancy within 3 months of death) Major findings of operations	
15. Birthplace	Mary]	land		
16. Informant	self		Antopsy results	
Address 17. Burial, cremation,	of removal. Which?)	Date thereot 5- 12 -194 (month) (day) (year)	7. 22. VIOLENCE: If death was due to external causes, till in the following Accident, suicide, or homicide	f
Cemetery or cremato	B. L	iew Md	Where did injury occur?	
18. Funerat director	7 1	uar Bros	Means of Injury Injured at wor	
Address	Tharp	Lown Md	23. SIGNATURE OLL OF Jawa	m.D.
19. (Date rec'd by re	19 of 7	Thasseef Begistra	11	M. D. or other 5/10/47



DURATION

(State)



2411 N. Charles St., Baltimore

	TE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: Millomi &	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newlesh infarts give residence of mother)
City or town (If outside city or town limits, write RURAL and give nearest town)	State Correction State Corre
How long in above place of death?	City or town (If outside city or hown limits, write RURAL and give nearest to Street No. (If rural, give LOCATION)
How long in hospitat or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Octavia France	2 Outon 3. (b) Social Security Number
4. See 5. Color or rice 6.(a) ringle, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE DE DEATH. MEDICAL CERTIFICATION 19 47 19
6.(b) Name of husband or wife.	21. I CERTIFY that death occurred whe date above stated; that t attended deceased tro
T. Birth dato of deceased (mo., day, yr.) 64-21-1872	and that I last saw h
8. AGE: Years Months Days II less than ono daymin.	Coronary / krambons 2
9. Birthplace	Due 10. Talula Geart Dues 2-
10. Usual occupation	Due to
12. Name	Other conditions Type seelen (expers) 22
14. Maiden name Multica & Julyhungs	(Include pregnancy within 3 months of death) Major findings of operations.
2 15. Biggerace John. Saluty ma	Date of op.
15 1 Men Dixon 1 h	P
16. Informer Men Dixon Address lepton it - Saluty Md.	Antopsy results
11. (Burial; cremation, of remove (Septen?) (Burial; cremation, of remove (Septen?) (month) (down of dar)	Antopsy results PHYSICIAN: Please underline the cause to which death should be charged statistic 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Bulial Bate therent May 16 4	Antopsy results

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2411 N. Charles St., Baltimore

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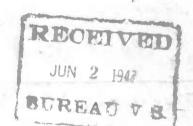
04456

CERTIFICATE OF DEATH

Reg. Diat. No. 333

1. PLACE OF DEATH: Willowic	2. USUAL RESIDE/CE (HOME) OF DECLASED: (For presidence of moth)
City or town (If outside city or town limits, write Right All find gaves nearest to	State County Acounty
How long in about piace of death?	City or town
Hospital, inditidion of street death occurred:	Street No. 17 20.47
How long in hospital or institution?	(If rural, give LOCATION) 2.(a) If yeleran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Clipr or rec 6.(a) Single, married, widowed, or divorce	MEDICAL CERTIFICATION
female White Midne	20. DATE OF DEATH May 15 2194758
6.(b) Name of husband or wife. Abut Abut Abut	21. I CERTIFY that death occurred by the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) July 30 -/882	and that I last saw by lan allug as Many 14 19 19
8. AGE: Years Months Days If less than one day	Immediate juse of death (CANEVICE OF DURAND
9. Birthplace / Wilcula G. M.	Mat, Due to. Essential hyper
10. Usual occupation	Que to. The first of the first
11. Industry or business	
12. Name Pale Peter G. 2nd	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Analah Dennah 15. Birthplace Malante G. Mad	Major fiediogs of operations. Oate of op.
16. Informatille. Bessie Luffman	Aotopsy results
Address R.D. #2 Pulletelle Ma	PHYSICIAN: Please noderline the cause to which death should be charged statistically.
17. (Burial, cremation, or regroys). Which?)	22_VIOLENCE: If death was due to external causes, fill in the following:
Cemetery or prayetory lustered as .	Where did injury occur? (City or town) (County) (State)
Location Molacla Co Mad	Injured at home, farm, industry, public place (where?)
18. Extent tressura to 40 Malta	Meta of Injury Injured at work?
Address Salisly Md	23 SIGNATURE N.V. Johles

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

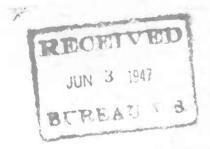
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()4457 Reg. Dist. No. 333

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State Md County Weenveo
City or town	State County 200
	City or town
How long in above piace of death?	(11 outside city of town mints, water NORAL and give nearest town)
nuspital, institution, of street address where acath occurred.	Street No.
	(If rural, give LOCATION)
How long In hospital or Institution?	2.(a) If veteran, name war.
3. (a) FULL NAME Warenot Worden	3. (b) Social Security Number
4. Sex /5. Color of race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Lemale Colg morried	20. DATE DE DEATH. May 26 19.47, 21 wind.
6.(6) Name of husband or wife Lewis Darden	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) If alive, give ageyears	19 19 19
7. Birth date of	and that I last said itallyr - 19
deceased (int.) any, 710	Immediate cause of death
8. AGE: Years Months Days It less than one day	Promony Ocolusin Suddly
66 Lhrsmin.	dual
min	
9. Birthplace (Town, eounty, and otate)	Due to
Towns to	
10. Usual occupation.	Due to
11. Industry or business	
12. Name / land Moson	Other conditions
12. Name 12.	
a sometiments	(Include pregnancy within 3 months of death)
14. Maiden name.	Major fiedings of operations.
15. Birthpiace untenture	
2 13. Birimpiace	Date of op.
16. Informant Collin Community	Actopsy resolts.
Address Pour ono being, and	PHYSICIAN: Please underline the cause to which death should be charged statistically.
2 0 134 3 19.17	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burlal, cremation, or removal, Which?)	Accident, suicide, or homicide
man en le como	Where did injury occur?
Cemetery or crematory	Where did injury occur?
Location Magnotic miss.	Injured at home, farm, Industry, public place (where?)
Banker, In West.	Means of Injury Injured at work?
18. Funeral director	farademoles Wer
Address Laliskury orld	all mut med & ann
1-101 112 4 1 100	23 SIGNATURE M. D. or other
19. (Date reg d by registrar)	Address Ophobery Med Date signed 5/28/4
The state of the s	



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No.

County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give recidence of mother) State	
3. (a) FULL NAME	3. (b) Social Security Number	
4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH Many 2 2 18.47 21.4-25-Pm	
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.45, to Many 22, 19.47 and that I last saw h	
11. Industry or business 12. Name	Other conditions A. A. C.	
Address 17. Burial (Burial, cremation, or removal, Whitch?) Cametery or crematory. I will E. Cerustary Location. Man I was the content of	22. VIOLENCE: M death was due to external causes, fill in the following; Accident, suicide, or imploide	
16. Funeral director. Address Pittarelle Md 19. 5 9 4 19 4 1 6 as a second Registrary Registrary	23. SIGNATURE SANK SEARCH M. D. or other ar Address Date signed 5 22-4	

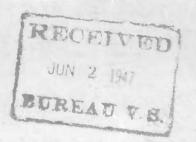


Dr. Hetts MARYLAND STATE DEPARTMENT OF HEALTH correct age 2411 N. Charles St., Baltimore //92 **CERTIFICA** 1. PLACE OF DEATH: (If outside city or town limits, write RURAL and give nearest town) ADING INK. Supply every item of information carefully Physicians: please write the causes of death clearly and How long in above place of death?.... Hospital, ipstitution, or street address where death occurred: How long in hospital or institution?... 3. (a) FULL NAME 8.(a) Single, married, widowed, or divorced MARGIN RESERVED FOR BINDING 6.(b) Name of husband or wife..... deceased (mo., day, yr.) Months It less than one day 8. AGE: Years (Town, county, and state) 1D. Usual occupation 11. Industry or business important. PLAINLY, V is especially

04459

I	E OF DEATH	Reg. Dist. No. 393	
	2. USUAL RESIDENCE (HOME) (For lewborn frants give residence of	of DECHASED:	
	City or town	w	a m
,	Street No. 110-11-3	e LOCATION)	
	2.(a) If voteran, name war		
		3. (b) Social Security Number	
-	MEDICAL C	ERTIFICATION	
	20, DATE OF DEATH May	174 19/1	
	21. I CERTIFY that death occurred on the date ab	ove stated; that I attended deceased from	
	11 March 19	47, 10 17 May 19 4	7
	and that I last saw h. AACA. alive on	19 1 19 4,	Z
-	Immediate cause of death	OURATION	
	- Fufections o	uarriele.	
-	0 g The ne	whome Luce	4
	Due to	and um	• • • •
	Due to Petichial her	hot-del	
		itestical	el
1	Dither conditions or feetless		
	Bronelotouser	moria 12 has	1
	(Include pregnancy within 3	months of death)	_
Ì	Major findings of operations		
-		Date of op.	
-	Autopsy results	which death should he charged statistically.	
7	22. VIOLENCE: It death was due to external ca		
	Accident, suicide, or homicide	Date of	
	Where did injury occur?(City or town)	(County) (State)	
	Anjured at home, farm, industry, public place (v		
1	thene cinjury	Injured at work?	
1	1	,	

PLEASE WRITE SA



2411 N. Charles St., Baltimore @ 830

CERTIFICATE OF DEATH

Reg. Dist. No.

V .	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newtorn infants give residence of mother) State
City or town (If outside city or town limits, write RURAL and give nearest town)	w 1-0 A A
How long in above place of death?	City or town
Hospital, Institution, or street address where defith occurred:	Street No.
How long to hospital or institution?	(If rural, give LOCATION) 2.(a) If veteran, name war
3. (a) FULL NAME	
J. Hamilton Co	3. (b) Social Security Number
4. Sex 5. Color or race 6:(a) sings, married, widowod, or diversed	MEDICAL CERTIFICATION 20. DATE OF DEATH
6.(b) Namo of husband or wife Clair P. Caraus	21. CENTIFY that death occurred on the date above stated: that I attended deceased from
B.(c) If alive, give age 5.9 years	June 12 10 46 10 May 20 10 9
1. Birth date of	and that I last saw h. Assertable on Magan 9 1827
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death O Credital Resident BURATION
78 110 5hrsmin.	
9. Birthpiace Marsela N.J. A. M. (D. YTown, county, undefate)	Due to
10. Usual occupation. Velice Varuer	Due fo
11. Industry or business A A A	
12. Name Schabod A. Ovars	Other conditions Try pastate Concumring 2 day
₹ 13. Birthplace	(Include pregnancy within & months of death)
14. Malden name Cliga A. Russell 15. Birtholace	(Include pregnancy within 8 months of death)
E 15. Birthplace	Dafe of op.
16. Informant Miss Minnie Varsbrill	Antopsy results
Address Mardela W.D. Ma	PHYSICIAN: Please underline the cause to which death should be charged statistically.
R. 1917	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or remound Which?) Date thereof (month) (play) (year)	Accident, sutcide, or homicide
Gemetery or crematory. Tamely Commelly	Where did injury occur?
Location Near Maldela Me	Injured at home, farm, industry, public place (where?)
18. Funeral director Orranger Bros	Means of Injury Injured at work?
(P)	At 1/00
Address Snarptonn	23. SIGNATURE J. J. Cuklings
19. (Date rec'd by registrar) Registrar	Address Thanhlown Hed Date signed 5/20/4.

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2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECKASED:
county Wiconscio	(For newborn infant give reddence of mother)
- 11 11	State Maryland pourty / Victorials
City or town	
How long in above place of death? a gu - 1 My mu	City or town
Hospital, institution, or street address where death occurred	Less Vane 1
Pennsula Gernal Hospital	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3.(b) Social Security Number
Feeney m. James a.	
4. Sex 5. Color of face 6 (2) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
mel. act of manual	7/
THACK HEALED THOSE	20. DATE OF DEATH
& (b) Name of husband or wife Dunger mrs. I heresa	21. I CERTIFY that death occurred on the date Sove stated; that I attended deceased from
1160	May 1247 May 12
7. Birth date of deceased (mo., day, yr.) May 18-1894	aed that I last son h. A.M. alive on May 12 19.3
	Impediair cause of death, OURIN
8. AGE: Years Months Days If less than one day	Central Hemorrhage The
32 « hrs	
Brooklyn ny	Lung Tensione Creaties 7.7
9. Birlhpiace	Due to
Tuner 4	
10. Usual occupation	Due to
11. Industry or business / Place Company	- Sugar D
12. Name John Fileney	Biher conditions Australian of
El / France 12.12 10 mg	other conditions of the state o
13. Birthfildce	(Include pregnancy within 3 months of heath)
14. Maiden names May E. McDonsed	
E Line ? I. M h h	Major findings of operations.
E 15. Birthplace	Date of op.
16. Information O. O Freezew	Autopsy results.
2.11	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Apelland, Saluty Mary Chen	
17 Beriel Date thereof May 0/6-4	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Date threef	Accident, suicide, or homicide
Cemetery or frematory face. Plem. Pack	Where did injury occur?
temetery of frematory	II
Location, Location	Injured at home, farm, Industry, public place (where?)
Toll march Walt P Itall	Means of Injury / injured at work?
18. Edneral director	V 10 . 0 / 6 . 1 0 . 1
Addressality maryland.	alared Holling MAV
11111 1111 1111	23 SIGNATURE
10 5-1161 10HTI thank of the	Thusayo N. Winderion St. M.D. or other
(Date rec'd by recognar)	trar Address Q Date signed 124

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correct age

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PLEAST



2411 N. Charles St., Baltimore

93d

CERTIFICATE OF DEATH

0.4462 Reg. Dist. No. 3.3.3

/I	
1. PLACE OF DEATH: V. Commission	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For meyhorn int has give residence of mother Comic
(If outside city or town limits, write RURAL and give fear of fewn)	Slate County
HOW IONE IN ADOVE DIACE OF DESIRE.	(If outside eiters town limits, write RUR) and give nearest town)
Hospital, idstitution, or street address where death occurred	Street No. 706 Benn 11 st.
103. Cherry it,	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veleran, name war
3.(a) FULL NAME William Thomas	Ford 3. (b) Social Security Number
4. St. 5. Quior or Ste 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Marie of	20. DATE OF DEATH May 5 4 19 47 1 4. PM
addin E. Ford	21. I CERTIFY that death occurred on We date above stated; that I attended deceased from
6.(b) Name of husband or Wife	Big. 30 0 19 45 to may 5 19 47
T. Birth date of 9 9 9 16 TA	and that I last saw h in alive on man 3 1847
deceased (mo., day, yr.)	Immediate cause of death
8. AGE: Years Months Days It less than one day	Canal Of metro
16 010 3hrsmin.	With Market - 3
9. Birthpiace Olole Maryland	Oue to Disease
(Town, county, and state)	Artersolustic C-V sprace
10. Usual occupation	Due to
11. Industry or businessy	
12. Nombelow Frond	Other conditions
	(Include pregnancy within 3 months of death)
14. Maidan name Callie Phoeting 15 sales med	
15 Samenet G. Griole md	Major findings of operations.
Mrs 240 Ares 2 Jose d'	
16. Informan 7	Autopsy results
Address Rysseley and Ballemon 12. 11	22. VIOLENCE: If death was due to external causes, till in the tollowing;
11 Build Date thereof May 8-1997	Accident, suicide, or homicide
(Burial, cremation, or removal. White?) (month) (day) (year)	
Cemetery or crematory	Where did Injury occur?
Location Dallamow Maryland.	Injured at home, tarm, Industry, public place (where?)
18 total man & Walter // Hillone	Msans of Injury Injured at work?
suchaluther marganel	(blei ne 19
Indiana for 100 th	239 SIGNATURE A SILICAN SE TOURS NO. D. or other,
19. (Date registrar) 190 1.1. The Breef the Registrar	huban hed war 5 76/47
(Date reed by registrar) Registrar	Address



2411 N. Charles St., Baltimore

04463

CERTIFICATE OF DEATH

Reg. Dist. No. 333

county Wicomico	2. USUAL RESIDENCE (FIONIE) OF DECEASED: (For aewbora infants give residence of mother)
County Warran Warran and	State Maryland county Wicomico
(If outside city or town limits, write RURAL and give nearest town)	
City or town. Salisbury. Maryland (If outside city or town limits, write RURAL and give nearest tows) How long in above place of death? Since Jan. 23, 1947	City or town Salisbury, Maryland (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred: E. S. Tb. Sanatorium, Salisbury, Md.	Street No. 204 Race St.,
E. S. Tb. Sanatorium, Salisbury, Md.	(If rural, give LOCATION)
How long in hospital or institution? Since 1/23/47	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Furniss, Paul	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male white married	20. DATE DF DEATH May 25 19 47 at 7: 40a M
6.(b) Name of husband or wife Bertie Olson Furniss	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	Jan. 23 19 47 to May 25 19 47
T Right data of	and that I last saw h 1m alive on May 25, 1947
deceased (mo., day, yr.) Sept. 27, 1890	Immediate cause of death
o. Aca.	Pulmonary Tuberculosis 15
56 7 19hrsmin.	months
9. BirthplaceSomerset County, Maryland (Towa, county, and state)	Due to.
10. Usual occupation Bricklayer	Bue to
11. Industry or business	
	Av. 10
12. Name William Furniss 13. Birthplace Maryland	Other conditions
ec)	(Include pregnancy within 8 months of death)
14. Malden name Addie Austin	Major findings of operations.
14. Malden name Addie Austin 15. Birthplace Maryland	Bate of op.
16. Informant Self	
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address	22. VIOLENCE: It death was due to external causes, till in the following;
17. Burial, cremation, or removal. Which?) Pate thereof May 27, 1947 (month) (day) (year)	
(Burial, cremation, or removal. Which?)	Accident, suicide, or homicide
Cemetery or crematory John Westley	Where did injury occur?
Location Mit, Vernon I made.	Injured at home, farm, Industry, public place (where?)
18. Funeral director. Dale Drahiell	Means of Injury Injured at work?
0.	(V 2 (1) 10
Address frencoss anne mas,	23 SIGNATURE Level tog M.A
19. 6 / 30, 19 H. Harriet 61 poli	M. D. or office
(Date rec'd by registrar) Registrar	Address date signed date signed

JUN 2 1947 BUREAU V B.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

164C

CERTIFICATE OF DEATH

04464

Reg.	Diat.	No.3	3	3
Lec	D .	•		

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
2 2 2 3	State Md. P Acounty Kicomes
(If outside city or town limits, write RURAL and give nearest town)	
low long in above place of death?	City or town (If outside city or town limits, write RLUAL and give nearest town)
dospital, institution, or street address where death occurred:	Street No. 109 / Stroply are
(Veccional Africal Dals	(If rural, give LOCATOK)
How long in hospital or institution?	(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Coloffor race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
framele white married	
yourse property	20. DATE OF DEATH 2027 29 19.47 21 75
6.(6) Name of husband of wife Selbart Sream	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) November 10 to 1912	and that Flast saw halive on
8. AGE: Years Months Days It less than one day	Immediate cause of death OURATIO
34 6 19hrsmir	
9. Birthplace Salishay Tuck (Town feounty, and atate)	Due to Seef-inflicted
10. Usual occupation	Due to
11. Industry or business	
E 12. Name 6. Henry West	·· Other conditions
13. Birthplac Powellelle Transplands	
14. Maiden name leurie 6. Larvey	(Include pregnancy within 3 months of death)
6 Problemille San Party.	Major findings of operations
15. Birth Pace	Date of op.
18. Informant Seco Colsce Defende	Autopsy results.
7. Brothly Salishing rade	PHYSICIAN: Please underline the cause to which death should be charged statistically.
D. Mare 19. 2-4	22. VIOLENCE: it death was due to external causes, till in the tollowing;
(Burial, cremation, or removal, Which?) Oate thereo (day) (year)	Accident, suicide, or homicide
- Mustra Com	Where did Injury occur? Deliahung Meanur Pred
Cemetery or comatory.	(City or town) (County) (State)
Lpcation Later Land	injured at home, farm, industry, public place (where?)
Holloway , las Melle 12 Tolle	Manns of injury Seem elect commend injured at work?
/8/ Funeral director	
Address Odica ma	1/32 SIGNATURE COlomby Fraker teens
	M. D. or other

JUN 3 1947 BUREAU F 8

e correct age

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The c is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE

VS A15

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04466

CERTIFICATE OF DEATH

Reg. Dist. No		
1. PLACE OF DEATH: County City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital institution, or street address where death occurred: How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town. (If outside size or town limits, write RURAL and give nearest town) Street No. 73 (If rural, give LOCATION) 2.(a) It veteran, name war.	
Hitch mrs. Esther Darly	3. (b) Social Security Number	
Jemale White Ridges Middles	MEDICAL CERTIFICATION 20. DATE OF DEATH	
6.(b) Name of husband or wife Sulful A Witted W. 1. Birth date of Sulful A	21. I CERTIFY that death occurred on the date above stated; that attended deceased from 19	
8. AGE: Years Months Days It less than one day 11 73	Immediair cause of death DURATION	
9. Birthplace Illn Hill Miloneia, M.S. Town county, and state) 10. Usual occupation.	Due to.	
11. Industry or business 12. Name Cliphed Junes Sarley 13. Birthplace Miorney 6. M.J.	Dither conditions Tuesday (Include pregnancy within 3 months of death)	
14. Malden name aud Sartude Craix 15. Birthplace Mionio Co. M.S.	Major findings of operations. Date of op.	
Address 334V M. 132(St., Phila), Pa. 17. Bull Date thereot. 5/14/47	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the tollowing;	
(Burial, eremation, or removal, Which?) (month) (day) (year) Cemetery or crematory	Accident, suicide, or homicide	
18. Funeral director Italy Miles Mass G. Address Full Address M. J.	Meens of Injury Injured at work?	
19. 6 / 1 / 19 / 19 df / 1 Hoggiel de Salarar	Address Date signed //2/4	

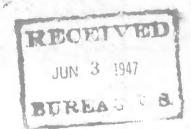


2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

0.4467 Reg. Diat. No. 333

1. PLACE OF DEATH: Proces	2. USUAL RESIDENCE (HOME) OF DECEASED: (For an obsern fronts give residence of moth)
County	Its Perses
City or tewn	State
	City or town
How long in above place of death?	1810 柱 1
1107-1.	Street No
How long in hospital or institution?	2.(α) if veteran, name war
3. (a) FULL NAME	Heleh 3. (b) Social Security Number
Sex /5. Color or tack (6.(a)) agle, married, widowed, or divoced	MEDICAL CERTIFICATION
Hale (White Married	may 29 47 /130
die a a select	2D, DATE OF DEATH
i,(b) Name of husband or wife	21. I CERTIFY that death occurred to the date above stated; that i attended deceased from
deceased (mo., day, yr.) tuels 24-1870	and that I last saw h.//
8. AGE: Years Months Days If less than one day	Immediate cause of death
7/////////	Cardiac Decomposition / wh
/6 // 0 hrs	<u>""".</u>
9. Birthplace / Vol Certer Cs. Ma	Due to
(Town, bunty, and state)	
1D. Usual occupation	Due to
1. tndustry or business	
12. Hame Willer C. Med	Other conditions Aleakeles - Melleluis
13. Birtholace Not Certa G. mag.	
# HItin R. Duccoll	(Include pregnancy within 3 months of death)
14. Maiden name	Major findings of operations
₹ 15. Birthplace / Ptaula 6.	
16. Informant, Raymon of a. Helth	Autopsy results
Address P.D. #11. Saluty ma	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Quice 1944 1-4	22. VIOLENCE: if death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or Sematory Tillulland Com.	Where did injury occur?
The Item I Bruss & an	
Jacation	Injured at home, farm, Industry, public place (where?)
18 Fungral director / C. / Kelter / P. Spill	Means of injury Injured at work?
Latil Dage	1 1 1
somethy my	23. SIGNATURE TOLL & Daling 2010
10 6 /3/1 19d To Hage And 1	M. D. or other 5-31-5
(Date world by registrer)	trat Address Julie Julie & Bate stoned



Dr. hram MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH Reg. Diat. No. 3 33 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: pop infants give residence of mother town limits, write How long in above place of death?..... Hospital, institution, or sreet address where death occurred: (If rural, give LOCATION) How long in hospital or institution?. 3. (a) FULL NAME 3. (b) Social Security Number MEDICAL CERTIFICATION BINDING deceased (mo., day, yr.) DURATION 'If less than one day 8. AGE: RESERVED MARGIN pregnancy within 3 months of death) Major findings of operations..... PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide..... Where did injury occur?(City or town) 田 injured at home, farm, industry, public place (where?) Injured af work? . Date signed

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PLEASE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-2)

04469

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:		
County A regrees	(For newborn infants give residence of mother)		
City or town. (If outside city or town limit) write RURAL and give nearest town)	State MA County Novesti		
(If outside city or town limits, write RURAL and give nearest town)	City or town Sum Hill:		
How long in above place of death? 3 8 2 2	(If outside city or town limits, write RURAL and give nearest town)		
nosagai, institution, or street andress where death occurred:	Street No.		
38 8 2	(If rural, give LOCATION)		
How long in hospital or institution? 5.8 Clause	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
John Johnson -	none		
4. Sex 5. Color of race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
m Call.			
molesions	20. DATE OF DEATH		
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above Dated; that I attended deceased from		
	4-6 194) 10 5-13 194)		
7. Birth date of	aed that I last saw h. Line alive on 5-/3		
deceased (mo., day, yr.)	Immediate cause of death		
8. AGE: Years Months Days If less than one day	Lanenelized arting School		
hrs,min.	My oca & Tis		
1			
9. Birthplace	Due to		
10. Usual occupation.			
	Oue to		
11. Industry or business			
12. Name	Diher conditione in forted where loth lave		
₹ 13. Birthplace	(Include pregnancy within 3 months of death)		
H 14. Maiden name			
	Major findings of operations.		
15. Birthplace			
18. Informantlymenta Deneral Applical	Autopsy results. Now		
Address dalishum Md	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
12 17/47	22. VIOLENCE: If death was due to external causes, fill in the following:		
17. Burist, cremation, or removal. Which?) Date thereof	ear) Accident, eulcide, or homicide		
Cemetery or crematory & Galshames	Where did Injury occur?		
Cemetery or crematory			
Location My MALLINE	Injured at home, farm, industry, public place (where?)		
18. Funeral director. Illay 6. Dummer	Mesne of Injury injured at work?		
J / / / / mall	The state of the s		
Idress Just Alle My B3 SIGNATURE William 1 or 18 the . S.			
19 5-117 19 HY Ragglet En 100	M. D. or other		
(Date rec'd by registrar)	Address Jak huy Med Date signed 5 1 X X		

MAY 27 1947 BUREAU IS 2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

ALTH		0 4 4 20
Sla	6.0	04470
	311	1113

Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County County	State. Manufact. County		
City or town(If outside city or town limits, write RURAL and give nearest town)	110,000		
How long in above place of death?	City or town cutside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred:	Street No. OP Z LD Z Z		
R 7 10 H/3	(If rural, give LOCATION)		
How long In hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME Benjamin & Ke	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 02		
male White sparning	20. DATE OF DEATH May 4 19 47 at 7 P.		
In Small Remove	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
6 (b) Name of husband or wife.	" huy 2 1947 10 may 5 147		
7. Birth date of	and that I last saw hold allve on Millian 1947		
deceased (mo., day, yr.) R ACF. Years Months Days It less than one day	Immediate cause of death		
o. Adl.	Housest		
hrsmin.	· Weens		
9. Birthplace (Town, county and state)	Que to.		
Land - 1'	freed started C.		
4	Due to.		
11. Industry or business			
12. Name Candy	Dther conditions		
	(Include pregnancy within 3 months of death)		
14. Maiden name Daniel Shorts 15. Birthplace Canday land	Major fisdings of operations.		
\$ 15. Birthplace Gg ofy land	Date of op.		
16. Informant Drift Whenmy	Autopsy results		
Address Leilma Leil	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
5 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	22. VIOLENCE: If death was due to external causes, till in the following:		
(Burial, cremation, or removal. Which?) Date thereof	Accident, suicide, or homicide		
Cemetery or crometory Eust Mayrankes	Where did injury occur?		
Location East new Igalax, my	Injured at home, farm, Industry, public place (where?)		
01 8 610 (C)	Means of Injury Injured at work?		
18. Funeral director.	h		
Address Llelmore alex	23. SIGNATURE / Kellsaus / Tray his.		
, Way 6, 145 Harry E. Kudson	23. SIGNATURE: M. D. or other		
Pagietres Pales manistrant	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baftimore

CERTIFICATE OF DEATH



Reg. Dist. No. 339

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Wi Oppulo	(For newborn infants give residence of mother)
(If outside city or town limits write RURAL and give nearest town)	State County
How long in above place of death?	(if outside city or town limits, write RURAL and give nearest town)
Hyspital, Institution, or street address where death occurred:	
Jennoulk Lennel Jospila	Street No
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
I was led and man & resid	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Houself Us to married	20. DATE OF DEATH May 12 19.47 21 4 P
and the contraction of the contr	
6.(b) Name of husband or wife Canada Management	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12. IS CERTIFY that death occurred on the date above stated; that I attended deceased from 19. Y
7. Birth date of years	
7. Birth date of deceased (mo., day, yr.) Plan 17 1919	and that I last saw h 27 alive on May 12 1847
8. AGE: Years Months Days If less than one day	Immedia of death DURATION
27 // 26 min.	C/VECCEGATION OF THE PROPERTY
To the Alast and	John Sand
8. Birthplace	Due to.
Home in work	yaulstusen J
1D. Usual occupation	Due ty
11. Industry or business	
	Dither conditions
₹ 13. Birthplace	(Include pregnancy within 3 months of death)
14. Malden name. Maggie & Dune 15. Birthplace	
S 15 Birthplace	Major findings of operations.
The House	
16. Informant	Autopsy results
Address Marktoure Mo	22. VIOLENCE: If death was due to external causes, fill in the following:
Bate thereof	Accident, suicide, or homicide
(Burial, cremation, or remova Which?) (month) (day) (year)	
Cemetery or crematory	Where did injury occur?
Location Sharploures	tnjured at home, farm, industry, public place (where?)
18. Funeral director Grandwoor Dros	Means of fnjury Injured at work?
94 OF	N 7/00
Address Sharlown	23. SIGHTINGE J. O. Cuhlinder
19 6/13 19HY Thankel En 101	Justan / Some to toron head M. D. or other
(Date read by registrar)	Address Date signed 7

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. No correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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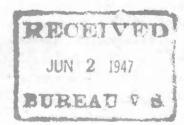
CERTIFICATE OF DEATH

Reg. Diat. No. 3 33

1. PLACE OF DEATH: Welling R. 7. 5. ## City or town (If outside city or town limits, Frite RURAL and give nearest town) How long in above place of death?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME James Handy Laws	3. (b) Social Security Number		
4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced male White married	MEDICAL CERTIFICATION 20. DATE OF DEATH May 26 19 47, 21 72%		
6.(b) Name of husband or wife Leah Catherine Laws 6.(c) If alive, give age 82 years 7. Birth date of	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from 19		
8. AGE: Years Months Days tf less than one day 90 7 12	Immediate cause of death		
9. Birthplace Wangs Town, county, and state)	Due to		
10. Usual occupation	Que to		
12. Name William Levis Laws	Differ conditions Samuel To		
	(Include pregnancy within 3 months of death)		
14. Maiden name Maryaret Fooks 15. Birthplace Petterille, Maryland	Major findings of operations. Date of op.		
16. Informant Mus. Leak C. Lauks	Antopsy results		
Address Parsonality 1. 1. Date thereof May 29-1947 (Rurial cremation or removal, Which?) (Burial cremation or removal, Which?)	22. VtOLENCE: tf death was due to external causes, fill in the following: Accident, suicide, or homicide		
(Burial, cremation, or removal. Which?) Cemetery or crematory Laws Family Comstary	Where did injury occur?		
Location Near Wangs marganal	tnjured at home, farm, Industry, public place (where?)		
18. Funeral director Notlemant to . Maller Nolland	1 ff		
10 5/2,9 10H X Haggel Li John	23. SIGNATURE M. D. or other		

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correct/age

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MARYLAND STATE DEPARTMENT OF HEALTH

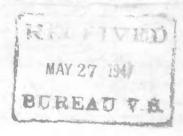
2411 N. Charles St., Baltimore

04473

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:		
County Williams	(For newborn infants give residence of mother)		
City or town Sales My Mar. 415 Dans 1. (If outside city of town limits, write RURAL and give nearest town)	State Mary and County Wilcomes		
How long in above place of death?	City or town Eden Med. 14 Feb # 2		
How long In above place of death? Hospital, institution, or street address where death occurred:	(17) putside city or town limits, write RURAL and give nearest town)		
Thursts nummy Home	Street No		
0 1 0 0 0	. II		
	2.(a) If veteran, name war		
3. (a) FULL NAME Leann Malone 4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced	3. (b) Social Security Number		
Cleanor Malone			
	MEDICAL CERTIFICATION		
To senale White mariel	20. DATE OF DEATH May 14 th 1947, 21 1,000 A		
0/1:0/5-1			
6.(b) Name of husband or wife.	21. I CERTIFY that death occurred on the date above slated; that I attended deceased from		
7. Birth date of Office of	may 9 1947 10 may 14 1947		
7. Birth date of deceased (mo., day, yr.) accept 2 md. 1881	and that I last saw h & Lalive on		
deceased (mo., day, yr.) deceased (mo., day, yr.) 8 AGE: Years Months Days If less than one day	Immediate passe of death DURATION		
C. a. C. Ada.	Ver noting Failure, I day		
H. 9. Birthplace alloan und	Due to Cerebral Memorrhage 5 days		
9. Birthplace (Town, county, and atate)			
U 5 1D. Usual occupation	Que to delaunellerones x		
9. Birthplace (Town, county, and atate) 10. Usual occupation	Myperlesia		
TA I 12. Name Policy Frelds	Dther conditions		
	ref.		
S a w	(Include pregnancy within 3 months of death)		
Hodin 15. Birthpisce lar fruitland mil.	Major findings of operations.		
Hode 15. Birthpipe lar Fruitland mul.	Date of op.		
	Autopsy results		
CO- 10 D 7 11 # 2	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address Eden md R. 7.11. #2 Address Eden md R. 7.11. #2 17. Buriel Date thereo May 17. 194	22. VIOLENCE: If death was due to external causes, fill in the following;		
17 Date thereof (mony), (day) (year)	Accident, sulcide, or homicide		
Cemetery or cremajory Clotham Comments of	There did injury occur? (City or town) (County) (State)		
Location Allace Mcd.	Injured at home, tarm, Industry, public place (where?)		
Hollows & la lis Maret the	Manual jajury Injured at work?		
18. Funeral director of the state of the sta	at 101 10		
Address 20 C. Church N. Jalistry M.	1 STENETHE PErhaps Fore		
5 /17 . NY Hagg - The De	M. D. or other		
(Date recid by registrar	Address Salusbury md- Date signed 5-17-47		



MARGIN RESERVED FOR BINDING

A15 SA

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

	2411 N. Charles St., Baltimore	1310	1.6414		
,	CERTIFICATE OF DEA	TH Reg. Dist. N	Reg. Dist. No. 333		
County (If outside city or town limits, write RURAL	Siate Siate	1 chilun			
How long in above place of death?	Streel No.	Sireel No. (If rural, give LOCATION)			
How long in hospital or institution?	2.(α) If veteran, name	war	***************************************		
3. (a) FULL NAME Plene &	tta Marcha				
4. Say 5. Color or race 8. (a) Single, marrie	ed, widowed, or divorced 20. DATE OF DEATH	MEDICAL CERTIFICATION May 18 19	478		
6.(b) Name of husband of wife smulf B.	Manhall 21. I CERTIFY that dec	ath occurred so the date above stated: That I atlende	ed deceased from		
7. Birth date of deceased (mo., day, yr.) Fel. 9-18	and that I last saw h.:	eath leath			
711 7 9	ess than one day	enof Henory	100		
9. Birthplice . # 2 (Town, county, and state)	Med Due to	greension.	109		
10. Usual occupation	Oue fo	D 0 5			
12. Name 12. Name 713. Birthplace 12. Name 713.	Other conditions	urcles - Nephribe	10)		
14. Malden name	Charles.	ude pregnancy within 3 months of death)			
15 girthplace Selsan	anhael Adops results.				
Address PO# 2 Salute	PHYSICIAN: Please	underline the cause to which death should be cheath was due to external causes, fill in the following:			
(Burial, cremation, or reprosit Which?)	Accident, suicide, or	nomicide Date of	I		
Cemetery or Frematory		(City or town) (County), industry, public place (where?)			
19 Figure 1 director 1990 Co. Walle	R Hills process of trainry	injured at work			
1 - 1/ - 1/1/20 - 1/		1 711.			

MAY 29 1947 BUREAU V.S.

04475

CERTIFICATE OF DEATH

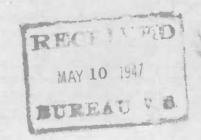
Reg. Diat. No. 333

1	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (Fognewborn infants give residence of mother)
County Wingy	Maril Ox.
Cily or town	1110.00
How long in above place of death?	Cily or the City or town limits write RURAL and give nearest town)
Bospilal, Institution, ox street address where greath occurred:	n Street No. 306 Chestant St
Immould villed bospila	(If rural, give LOCATION)
How long in hospital or Institution?	2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Oliphand mis-Chie	
4. Sex 5. Color or race - 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Demaile white Homes	20. DATE OF OEATH 1972 41 2.45 PM
6.(b) Name of husband or wife Olishanton James S.	21. I CERTIFY that death occurred on the date above stated; that a stepded deceased from
	July 1946 to May 4 19.47
7. Birth date of	and that I last saw h. sh. allve on May 4 T. 19.47
deceased (mo., day, yr.) May 2/ 1884	Immediai-carre of death OURATION
8. AGE: Years Months Days If less than one day	
62hrsmin.	naemophrisis
9. Birthplace Micomics Courty Ind.	Due to for low wary fuller
(Town, county, and state)	The state of the s
10. Usual occupation.	Oue to
11. Industry or business	
12. Name Out The Duffe	Other conditions
13. Birthplace Winners Crurty, Ist.	(Include pregnancy within 3 months of death)
# 14. Maiden name Therdrain Bradfux	
14. Maiden name Afterdania gradfux	Major fiudiage of operations.
= 13. Birthplace Francisco	Dale of op
16. Informant	Antopsy results
Address (Selmor, Left	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, eremation, or removal. Which?) (Burial, eremation, or removal. Which?)	Accident, suicide, or homicide
(6. +1/1)	
Cemelery of erematory At Mil March	Where did Injury occur?
Location Delmar Del	Injured at home, farm, Industry, public place (where?)
18. Funeral director A. S. Grand Or	Means of Injury / Injured 2t work?
100 / 100	1/1/200, 11/
Address Dumor Hill	23 SIGNATURE M. D. M. Der other
19 6 7 18 471 Ballie & John	son foly an tol March 45
(Date rec' by registrar) Kegistrar	Address Date signed Date signed

MARGIN RESERVED FOR BINDING

A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The construction is especially important. Physicians: please write the causes of death clearly and legibly



WRITE

PLEASE

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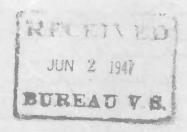
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 393

1. PLACE OF DEATH: 1	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Q July 12	(For newborn infants give residence of mother)
City or town (If outside city or town limits, write RURAL and give nearest town)	State Md County Willamila
(If outside city or tawn limits, write RURAL and give nearest town)	(If outside city or town lights, write RURAL and give nearest town)
How long in above place of death?	(If outside city of town lights, write RURAL and give nearest town)
	Street No. 40 5 Offandon SC
70-	(If rural, give LOCATION)
How long in hospital or institution?	2.(d) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
halle of Carles	20
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
P I D A DICC.	Au
Jemale and Married	20. DATE OF DEATH. 20 10 47 21 00 10 U-M
6.(b) Name of husband or wife Assie Carpie	21. 1 CERTIFY that death occurred on the date above stated; that I attended deceased from
	1 39 L, 10 19
7. Birth date of	and that I last saw h
deceased (mo., day, yr.)	
8. AGE: Years Months Days If less than one day	2 - Deedler
5-0 min.	Carry accusion death
100	
9. Birthplace Claud (Town, county, and atate)	Due ta
10. Usual occupation of According to the State of the Sta	Due to
11. Industry or business Dame Do Valgare	
12. Name & Shapple 13. Birthplace School N Go	Dther conditions
3. Birthplace Selvand No	
~ /	(Include pregnancy within 3 months of death)
E 14. Maiden name Curchassin	Major findings of operations.
2 15. Birthplace genfanseum	Date of op.
1.44:	Aotopsy results.
16. Informant	PHYSICIAN: Please underline the caose to which death should be charged statistically.
Address Sulvalumy and	22. VIOLENCE: If death was due to external causes, fill in the following:
17. (Burial, cremation, or removal, Which?) [Burial, cremation, or removal, Which?) [mansh] [day' (year)	
LI O	Accident, suicide, or homicide
Cemetery or crematory Mauri Ilon	Where did Injury occur?
Location Lea Board Da. C.	Injured at home, farm, industry, public place (where?)
	Maans of Injury Injured at work?
18 Funeral director Teamer State of Sulf Land	le la de la maria
Address Salisland . M. d.	The town our word
15/10 7 10 10 10	23. SIGNATURE. Sleeping the 3 m. M. D. or other
19. 6 / 33 19 01 Falace 61 8h	
(Date rec'd by registrar)	Address Palislay, Mul Date signed 5/23/47.



correct age

MARGIN RESERVED FOR BINDING

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The eight important. Physicians: please write the causes of death clearly and legibly

PLEASE

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WRITE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

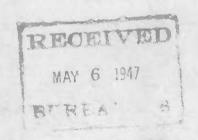
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04477

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH: .	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Magning	(For newborn infants give residence of mother) State Mangland County County
(If outside city or town limits, write RURAL and give nearest town)	State Mangland County Micronica
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 209 Each Street.
Peninsula General Hopetal	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME Harrington	3. (b) Social Security Number
Ruben Parson	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
m w marie	2D. DATE OF DEATH. MACH. 19.47 21 8 19.1
6.(b) Name of husband or wife May Fanone	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
54	4-29 1947 10 5-1 1947
7. Birth date of 200 1967	and that I last saw h 2.642 alive on 4-30
deceased (mo., day, yr.) R ACE- Years Months Days If less than one day	Immediais cause of death
6. AGE.	Brandes-preumming
min	
9. Birthplace Celman Marylan	Due to acute chalicystetis +
(Town Jounty, and state)	generalized Julianitis
10. Usuat occupation	Due to.
11. Industry or business language with the	-
12. Name Parent 13. Birthplace V NorCutur Co. Md	Dither conditions
13. Birthplace V Noccester Co. Md	
# 14. Maiden name Ella Carrey	(Include pregnancy within 3 months of death)
10 prese 1 1/2000 0	Plajor findings of operations
15. Birthplace / Volciety 6 Many Can	Date of op.
16. Informant 11. May Factor	Aulopsy results
Address 209 Veart it Vilman M	4
17 Buriel Date thereof May 4-19	22, VIOLENCE: If death was due to external causes, till in the tollowing;
(Burial, cremation, ogremoval, Which?) (month (day) (year)	Accident, suicide, or homicide Date of
Cemetery or cremetory.	Where did injury occur?
Location Relevan Relavance	Injured at home, farm, Industry, public place (where?)
Holloway + 6 Nathan R Toll me	Means of Injury Injured at work?
18/Fuñeral director	1 00 0
waterly maryand	23 STENATURE / Lula a Luslin
" 6-18, 1 Harriet - 61 Dot	M. D. or other
(Date pe d by registrar)	Address Falistury Med Date signed = 1: 47



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

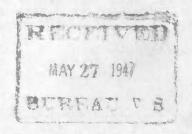
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04478

CERTIFICATE OF DEATH

Reg. Dist. No. 293

1. PLACE OF DEATH: County Cou	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn intents give residence of mother) State County County
+ 100	City or town
How long in above place of death?	F. M. 1 1501 P 7 413
	Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
Eugene). Tartlowe	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male cal Sincle	20 DATE OF DEATH TY QUY 17 19.47 21 M
6.(b) Name of husband or wife Gyns.	21. I CERTIFY that death occurred on the date prove stated; that I attended decreased from
O C 6.(c) It allve, give age years	19 19
7. Birth date of deceased (mo., day, yr.) May 14, 1947	and that I last saw it. I alive out the same alive
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
C 2 2 min.	
9. Birthplace Salis (Town, county, and state)	Due to.
1D. Usual occupation	Due to
11. Industry or business	
12. Name huther tarllawe	Dither conditions
a helman (1) a less	(Include pregnancy within 3 months of death)
14. Malden name. Dulishulry MM.	Major findings of operations.
1 15. 8irthplace During 100	Date of op.
16. Informant	Antopsy results
Addrass divide Sh. Ey, Raille di.	22. Violence: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?) Bate thereof. (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Public	Where did Injury occur?
Location Salisbury mil	Injured at home, farm, Industry, public place (where?)
18. Funeral director Booker Mr. West	Means of Injury Injured at work?
Address 404 Lake Sh	fallaclenson 1400
1-114 114 Ragia Al Op	M. D. or other
19	Address Date State Date signed 5/2 1/4



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

930 CERTIFICATE OF DEATH

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	mi .		-3	2.67

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED
County Helselles	(For newborn infants give residence of mother)
City or fown	State County County
How long in above place of death? 5 Man	(If outside city or town) (If outside city or town)
Mospital, Institution, or street address where death occurred:	Street No.
Sau Sur	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war
3. JOSFULL NAME	3. (b) Social Security Number
Duescy L. Stulleps	Diser
4. Sex. S. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male Stude Medawie	20. DATE DE DEATH May 3 - 19 4 7, at 6, 15 P. M
6,(b) Name of husband or wife Teach & Pleas laps	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
S.(c) If alive, give age years	TCB4 19.46, to May 3 19.47
7. Birth date of	and that I last saw h. LAM alive on May 3 19.4
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death DURATIDA
78 11 26 hrs. min.	caraiac fancis
70 70 70 70 70 70 70 70 70 70 70 70 70 7	
8. Birthplace	Due to Will Dacker 181'C
10. Usual occupation Russell Character	my cardos
	Due to
11. Industry or business	
12. Name	Dther conditions
at 13. Birthplace Sulgerial	(Incinde pregnancy within 8 months of death)
E 14. Malden name Delle Lell Quality	Major findings of operatious
15. Birthplace Delaware	Date of on
16. Informant & Freeder Clean sign	Autopsy results.
4 11	PHYSICIAN: Please underline the cause te which death should be charged statistically.
13 in 100 00 100 100 100 100 100 100 100 100	22. VIOLENCE: If death was due to external causes, fill in the following;
(Bnrist, cremation, or removal. Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Lld & Dellacio Genetice	Where did Injury occur? (City or town) (County) (State)
Location Lagrange Del	Injured at home, farm, industry, public place (where?)
	Means of Injury Injured of work?
19. Funeral director	///////////////////////////////////////
Address Tederaly Course - glid	23. SIGNATURE
man 6. 147 Harrit Sudan	M. D. or other
(Date regis by registrar) Registrar	Address Cast N Notwer Date signed 5-5-47

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MARYLAND STATE DEPARTMENT OF HEALTH

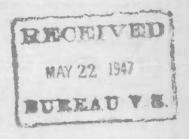
2411 N. Charles St., Baltimore

13/0

1 2 HEHAL DECIDENCE (LLOBARE) OF DECEASED

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	(For newborn infants give residence of mother)
County Wilcomics	Maryland
City or town. (If outside city or town limits, write RURAL and give nearest town)	State Cure County Watcher
	No Maria National Nat
How long in above place of death? The Tays	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	
nospiral, institution, of street address wholever street	Street No.
105 Lekeny Shut	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
X/o J do N VALOR	D And
121- June P. Jours	7074
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
the life will be a life with the life will be a life with the life with the life will be a life will be a life with the life will be a life with the life will be a life w	May 15 117 510
Manay White Widowed	20. DATE OF DEATH. 19.4.7. 21. 3. 18. 19.4.7. 21. 3. 18. 19.4.7. 21. 3. 18. 19.4.7. 21. 3. 18. 19.4.7. 21. 3. 18. 19.4.7. 21. 3. 18. 18. 19.4.7. 21. 3. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18
Codume of a Daigo	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of hueband or wife. Odward a. Viiel	
7. Birth date of 25 1776	April 1947, 10 Michael 1944
7 Bloth date of	and that I last saw have allve on the saw 19.
deceased (mo., day, yr.) an 26 - 18/19	
	Immediate fame of desco
8. AGE: Years Months Days It lees than one day	Munico
hrsmin.	A
While delili-	Busto Cardio vascile Renal Dur -
9. Birthplace Intactolytha Ju.	Due to the transfer of the tra
9. Birthplace (Town, county, and atate)	
10. Ueual occupation	***************************************
10. Degal occupation.	Due to.
11. Industry or businese	
# 1111110 N. 19 1400h.	Other conditions
12. Name William N. Swach.	Utner conditions
₹ 13. Birthplace	(Include pregnancy within 8 months of death)
Marie	(Include pregnancy within 3 months of death)
E 14. Maiden name. Unbuom	Major findings of operations
15. Birthplace	Date of op.
21 13. Birtingiace	
16. informant William N. Incl	Autopsy results
4 10 120	PHYSICIAN: Please underline the cause to which death should he charged statistically.
Address Flaslewille & a.	22. VIOLENCE: If death was due to external causes, fill in the following:
Ma. 13/47	
17. (Buriar, cremation, or remova (Which?) Oate thereof (month) (du) (year)	Accident, suicide, or homicide
(Buriar, cremation, or removal, white)	Where did lainty occur?
Cemetery or crematory	Where did Injury occur?
I made	Injured at home, farm, Industry, public place (where?)
Location Approximation (1)	
1/1/01 1/2 /	Means of Injury Injured at work?
18. Funeral director.	
Address Show Will My	- Wille 16 Cm
	M. D. or other
1. 5-115- 114 Baggiotte	100 40 100 100 100 100 100 100 100 100 1
(Date rec'd by registrar)	Address Address Date signed Date signed



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04481

CERTIFICAT	E OF DEATH Reg. Dist. No. 933
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Clay or fown Clay County Clay or fown limits. Frite RURAL and give nearest town) Street No. (If rural, give LOCATION)
now long in mospital of matricipan	2.(a) If veteran, name war
Richardson Baby Boy.	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married widowed, or divoscou	MEDICAL CERTIFICATION
male	20. DATE DF DEATH. MAY 8 19.47 21 4 3 a.
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the dath bove stated; that it altereded deceased from 19. 19. 7 and that I last saw horth, all we on 19. 7 Immediate capacity death DURATION Due to Alexandrian
9. Birthplace	Due to 52 mo gostation) Diher conditions
# 14. Maiden name Estelle Richardson	(Include pregnancy within 3 months of death)
15. Birthplace Wanes R. Carolina 16. Informant Estella Sichal Manyland Address Dalesbury Manyland 17. Carolina Date thereof July 1947 (Burial, cremation, or remove, Which?)	Major findings of operations. Date of op. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State)
Cemetery or crematory of Alanagela Healast of Forfels	
18. Funeral director Salesbury Med. Address Salesbury Med.	Injured at home, farm, industry, public place (where?) Weans of injury Injured at work?
19. (Date rec'd by registrar) 19. 11 Hongare 1 John Degistrar	Address Salisbury Date signed 5-8-47

MAY 17 1947
BUREAU F 8

Dr. Sou ctage . PLACE OF DEAT (If outside city of town limits, write RURAL and give nearest town) ADING INK. Supply every item of information carefully Physicians: please write the causes of death clearly and Hospilai, Institutio How long in hospi 3. (a) FULL N 4. Sex/ FOR BINDING 6.(b) Name of hus 7. Birth date of deceased (mo., 8. AGE: RESERVED 9. Birthplace 1D. Usual occupat 11. Industry or by 12. Name 14. Maiden n

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

_	
	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn int sits give residence of mother) Stale
	City or town (If outside city or town limits, write RURAL and give nearest town)
	Street No. 4/5 Dans Little
	2.(a) If veleran, name war

g, or street address where death occurred truth	Street No. 4/3: Oans total
tal or Institution?	2.(a) If veleran, name war
AME Mary E. Russel	3.(b) Social Security Number
5. Color a race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20, DATE DE DEATH MEDICAL CERTIFICATION 18. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19
band or wife Samuel J. Husser 6. (67) alive, give age Dea J. year day, yr.) Feb. 14-1870	and mat I last saw hative on
Years Months Days If less than one day 3 3hrs. Belia Mayland (Town, county, and state)	Immediate cause of death Jean Forlane By his
John Munfordy	Due to
Mancy Massey	(Include pregnancy within 3 months of death) Major findings of operations
Bereze W. Hain	Autopsy results
ation, or removal. Which?) Bale thereof (month), May y y year)	VIOLENCE: It death was due to external causes, fill in the following: Accident, suicide, or homicide
williams my	Unjured at home, farm, Industry, public place (where?) Injured at work?
	1 10 1 00 1

PLAINLY, V is especially

Cemetery or ca Location

WRITE

JUN 2 1947 BUREAU V.B.

CERTIFICATE OF DEATH

2411 N. Char	rlea St., Baltimore
CERTIFICA	TE OF DEATH Reg. Diat. No. 3. 3. 3.
County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME Schoffield.	3. (b) Social Security Number 218-20-6490
4. Sez 5. Color or race 8.(a) Single, mayled, widowed, or divorced Single.	MEDICAL CERTIFICATION 20. DATE OF DEATH 20. DATE
6.(b) Name of husband or wife	and that I tast safe fill alive on OURATION Immediate cruse of death OURATION
9. Birthplace	Due to.
11. Industry or business none Schofalle. 12. Name Reymond Schofalle. 13. Birthplace School Till and	Diher conditions
14. Maiden name I fature Coethry ham 15. Birthplace Inow Hiel: MD	Major findings of operations
Address 405 Hoppy Dleeg	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?) Date thereof (minth) (day) (sear) Cemetery or crematory.	Accident, suicide, or homicide
Location Dales leary, Md. 18. Funeral director. Barker Dn. West Address 404 hake St. Salishury	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work? Injured at work?
19. 5 3 19 H / Hamel style	23. SIGNATURE M. D. or other M. D. or other Address Salishey and Date signed 5/1/5/-

MARGIN RESERVED FOR BINDING

MAY 6 1947

CERTIFICATE OF DEATH

CERTIFICA	Reg. Diat. No
1. PLACE OF DEATH: County Contact	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Clly or lown	STATE COUNTY OF THE COUNTY OF
How long In above place of death?	City or town (If outside city or town limits, write/RURAL and give nearest town) Streel No
How long in hospital or institution?	
3. (a) FULL NAME	3. (b) Social Security Number
Savah Sho	res
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Temale White Widow	20. DATE OF DEATH May 9 th 1947 at 1.2 PM
6.(b) Name of husband or wife Al Levin Shores 6.(c) If affive, give Alle years 7. Birth date of	21. I CERTIFY In inclearly occurred or the date above stated: I hal I allended deceased from
1. Birth date of deceased (mo., day, yr.) aug 2 nd, 1874	and that I last saw h
8. AGE: Years Months Days If less than one day	Cereleval Hemaenhage
9. Birthplace Deal Foliane Md. (Town, county, and atate)	Due 10 Carlaiere Cerases
10. Usual occupation. At a second sec	Due 10
11. Industry or business Communication of the state of th	Dther conditions.
13. Birthplace Will . Vernon md.	(Include pregnancy within 3 months of death)
14. Maiden namaleman County med.	Major findings of operations.
16. Interremedial feeting	Autopsy results
Address 5 E Vine st. dalishur	PHYSICIAN Please underline the cause to which death should be charged statistically.
17 (Burial, cremation, or removed, Which?) Date thereol (mysth) (day) (year)	22. VfÖLENČE: If death was due to externat causes, IIII in the Iollowing; Accident, suicide, or homicide
Cemetery or a remotograft the fitting of sameting	Where did injury occur? (City or town) (County) (State)
Location Location Taling	Injured at home, larm, industry, public place (where?)
18. Funeral director occurry of a talk of the state of th	Tillater at work!
Address LO. L. Plugels St. / Valuabury 7	23. SIGNATURE Learnan M.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibly

W Correct age

VS A15

(Date rec'd by registrar)

MAY 17 1947
BUREAU V 8

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

MARII	2411 N. Charles St., Baltimore
	CERTIFICATE OF DEATH Reg. Dist. No. 3 3
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (If outside city or town limits) write REDAL and give pearest town) Street No. (If rural, give LOCATION) 2.(a) It yeteran, name war 3.(b) Social Security Number
atelian Shar	5. (0) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, wi	dowed, or divorced MEDICAL CERTIFICATION
Male white Marre	20. DATE OF DEATH. May 28 1947 21 1
6.(6) Name of husband or wife Margaret B.	21. I CERTIFY that death occurred on the date above stated; that I aftended deceased from
7. Birth date of deceased (mo., day, yr.) Class 13-191	and that I fast saw halive on
	lan one day DURA
35 17 13	hrs. min. Coronary Harmelows
9. Birfhpiace	Due to.
10. Usual occupation	Oue to.
11. tadustry or business	
12. Name Pulliam). Mrs	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name alice michoe	Acure Major findings of operations.
Me Mucht /	That a sale of op
18. Informati	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
Addies Ha, salusty	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?)	//
Cemetery or Frematory Musone Cash	Where did injury occur?
Lacation allusting many	Injured at home, farm, Industry, public place (where?)
Where director of the Mallat	R. Hollse Heaps of Injury (Injured 2) work?
Address Islandy Marylan	1. The cx o
	23 SIGNATURE LA COLLECTION

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JUN 3 1947

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

PLACE OF DEATH: County Count	age		EPARTMENT OF HEALTH es St., Baltimore 159	04486
Colly or team. Allest active relations of machine) City or team. Allest active relations of machines. Allest active relations of machines. Allest active relations of machines. All active relations of machines. Allest active relations. Allest active relations of machines. Allest active relations.	W.	CERTIFICAT	TE OF DEATH	Reg. Dist. No. 333
DUIGNING ACTION OF DEATH AND ACTION OF DEATH A	ion carefull concerns and tendo.	County	(For newborn infants give residence of n State. May Land. Cour City or town. (If outside city or town limits, Street No. (If rural, give	write RURAL and give nearest town)
DUIGNING ACTION OF DEATH AND ACTION OF DEATH A	ormat	3. (a) FULL NAME Baby Smith		3. (b) Social Security Number
S. (6) Name of husband or wife S. (6) Name of husband or wife	ING n of inf uses of	4. Sex 5. Color office 6.(a) Single, married, widowed, or divorced female white		
Beceased me, ast, 7.7. 8. AGE: Years Months Days I tiles than one day a. hrs. 45 min. 9. Birthplace	BIND ry iter the ca			
S. Sirthplace (Town, county, and state) 10. Usual occupation. 11. Industry or business 12. Name	Iy Wr	7. Birth date of deceased (mo., day, yr.) Way 30 1947		
S. Sirthplace (Town, county, and state) 10. Usual occupation. 11. Industry or business 12. Name	VED Supp	o. non.	Memsela	rlly
The state of the conditions of operations. When the state of the stat	ESER INK. ns: pl	9. Birthplace Dalisbury MA (Town, eginty, and state)	Due to	
The state of the s	0 0		Oue to	
(Include pregnancy within 3 months of death) 14. Maiden name	AARG VFAD t. Ph			
Address II. Social and the state of the sta	TH UN portan	14. Maiden name Etta Marie Munn		
(Burial, cremation, or temporal. Which?) (Burial, cremation, or temporal. Which?) (City or town) (City or town) (County)	II,	m - m - m - 1 it	Autopsy results	
Cemetery or crematory Instituted Senteral Hoop Where did Injury occur? (City or town) (County) (State) Location Saleibers Nee Injured at home, farm, Industry, public place (where?)		17 Presention Date thereof May 31, 1947	22. VIOLENCE: If death was due to external cause	ses, till in the following;
Cocation Location Loc	ह ज	Cemetery or cremajory Empaula General Hosp.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
[6] 18. Funeral director	0 (3)	Viela Human al Worket	1	
Address Salileury and 23. HENRIUM The L. James M. W. or only	A15	Address Solvileury and	23. SIGNATURE Le Jean	my M. U.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1860

04465 Reg. Dist. No. 3 33

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County (1): 201110	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn in this give residence of mother)
4 0 0	State Ma f County / Come
(If outside city or town limit, write RURAL and give nearest town)	City or town Salufus
How long in above place of death?	outside city of town limits, write RURAL and give new town)
Vermoula General Hospital	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Smith mr. marion Had	lan
4. Son 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white seperated.	20. DATE OF DEATH MACALLY 18 47 21 Le and
6, (b) Name of husband or william a Walston Smith	21. I CERTIFY that death occurred on the date above sweet; that lattended deceased from
	1 eyoano 10 19
7. Birth date of 691 /6-1913	and that I last for all ve on
deceased (mo., day, yr.) 64 - 16-1913 8. AGE: Years Months, Days It less than one day	Immediais cause of leath
8. AGE: Years Months Days If less than one day	men apprile
1 1:1 man	followy Derraces
9. Birthplace	Due to
10. Usual occupation auto V mechanic	
	Due to
11. Industry or business	facents of scole 1151
12. Name Melmile 6 md	Other conditions The of field
2 13. Birthplace Programme C. Placement	Unclude pregnancy within 3 months of death)
14. Malden name Somme Maira Pausme	Major findings of operations.
E 15. Birthplace Pulleville Mq.	Date of op
18. Informant Les. Somme M. Marsk	Antopoy results. Corlosiof him E vacorsio
Address Register st. Salistung Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Burial Date the follown 1/16-47	22. VIOLENCE: It death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?) Date thefed	Accident, suicide, or homicide, accaded Bate of S. Mary Where did Injury occur? Andrehy weeking
Cemetery or compatory	Where did injury occur? (City or town) (County) (State)
Location Saluting Maryland	Injured at home, farm, Industry, public place (where?)
. Wollower Vola Walter R Hollow	Jeans of Injury Fell & head Injured at work? Mb
18. Juneral arrector.	on le le
many or eq	28. STONATURE Fallaclempher MA
19. 6 1/6, 19/1/4 Thanker & 10	Address July had the Bate signed 5 14 45
Hote registrar	Handross Hall signed

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MAY 22 1947

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CERTIFICATE OF DEATH

1 DIAGE OF DEATH	a nonth ba	EATH Reg. Dlat. No. 3 3
1. PLACE OF DEATHY Comics	Z. USUAL RES	SIDENCE (HOME) OF DECEASED:
City or to the second	State	4. P p Mary / Ya Com 8
(If outside city or town limit, write RU	1 016	Salutory
How long in above place of death. Hospital Incitiution, or street address where death accurred.		outside city or town limits, write RURATE indegive neglest tow
Mulle VIII	Sireet No.	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, na	ame war
3. (a) FULL NAME Ethel	may Drintt	3. (b) Social Security Number
4. Sep 5. Color or table B.(a) Siggle,	married sowed, or divorced	MEDICAL CERTIFICATION
Junale Mute Me	20, DATE OF DEATH	May 6 4 19 47 3
Lee F. 2	- 44	death occurred of the date above slated; that I attended deceased from
6.(b) Name of husband or wife	59	usual 120 1947 10 Marg 6,
7. Birth date of	It alive, give ageyears and that I last saw	h. R. W. live on Mace 6,
deceased (mo., day, yr.) 8. AGE: Years Month Days	If less than one day	of death
49 19 10	hrsmin.	gestive Heat & arlure 6
9. Birthpiace. Mula legetie.	Due to M.	youralilis.
(Town county, and st		J
1D. Usual occupation	Due to	
11. Industry or business		PD
12. Name Clerary Coffee 13. Birthplace Million, Mar	Other conditions	Tellusian
	0 (1	Include pregnancy within 3 mon he of death)
14. Maiden namutillin Well 15. Birthplace Heartford	Major findings of	operations
E 15. Birthplace Helandford	Delana	
16. Informand Lee Fi Mu	Anlopsy results	
Address Pirella J.	alutes 114	se underline the cause to which death should be charged statistics
17 Bund Date thereo	1112 19-1900	t death was due to external causes, till in the following:
(Burisl, cremation, or remodal, Which?)	(plohin) (day) (year) Accident, suicide,	or homicide
Cemetery or compatory		(City or town) (County) (State
Location Man	3/ 00	arm, Industry, public place (where?)
" Stillmas r.G. 11	Valle R. Hallans of Injury	Injured at work?

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MARYLAND STATE DEPARTMENT OF HEALTH

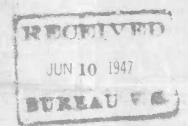
2411 N. Charles St., Baltimore 43d CERTIFICATE OF DEATH

04440

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			2	3	7
Rog.	Diat.	No	J	d	

1/ PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Wicomics	State md. County Wilcomico
City or town(If outside city or town limits, write RURAL and give nearest town)	n. + il
How long in above place of death? Lefe time	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Sireet No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Isaac C. Wallace	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
m col. Wedower	20. DATE OF DEATH 1947, at Loids DA
20001 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	21. I CERTIFY that death occurred on the dats above stated; that I attended decessed from
6.(b) Name of husband or wife	7 Gpul 19 47, 10 4 Neary 19 47
7. Birth date of	and that I last saw hour alive on 24 chil 1847
deceased (mo., day, yr.) march 6, 18 14	Immediate rause of death
8. AGE: Years Months Days If less than one day	Oxfers surfrote Carden -
73 28min.	resculus dise as willy lading
9. Birthpiace antecho (Town, county, and state)	Due to Cerebrah Thereselves
(Town, county, and state)	
1D. Usuat occupation. Oysterman	Due to
11. Industry or business	
12. Name Wille am Wallare 13. Birtholace Dan Licoke Md.	Other conditions
\$ 13. Birthpiace nanticoke, nd.	
5 (may)	(Include pregnancy within 3 months of death)
14. Maiden name No On Control of the	Major fiadings of operations.
\$ 15. Birthplace nanteroke, nd.	Date of op.
18. Informant Quinleallace	Antopsy results.
Address nanteible, md.	PHYSICIAN: Please underline the canse to which death should be charged statistically.
5 6 5 6 1 1 7	22, VIOLENCE: tf death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide.
Cemetery or crematory Cemeteres	Where dld injury occur?
	Injured at home, farm, Industry, public place (where?)
Location Caracteristics Control Contro	
18. Funeral director C. S. A. Seck	Means of Injury Injured at work?
Address Biralve, ma'	March Do a St. Jones of Comment
12 Ky 12 Ky 10 0 1 0	23. SIGNATORE. On the D. or other
(Date rec'd by registrar) Registrar	Address

COPY SENT TO LOCAL SECISTRAR NO. BATE 6-10-47



OR BINDING

PLEASE WRITE

VS/A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04488

1. PLACE OF DEATH: County	City or town
3. (a) FULL NAME Of the A. Mane	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Semale a.a. undane	20. DATE OF DEATH MAY 1 2 19 47 at 10 P. M
7	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife. Amalel Marler	
Alack 6.(c) If alive, give age years	18.47 10 19.47
7. Birth date of deceased (mo., day, yr.) Que 15- about 1873	and that I last saw h
8. AGE: Years Months Days If less than one day	Immediain cause of death
0. 1102.	1 Amondo
73min.	
9. Birthplace Allane (Town, county, and state)	Due to The fell fleraion
	The state of the s
10. Usuai occupation	Due to
11. Industry or business	
12. Name ambraum 13. Birtholace ambrassen	Other conditions
Y 12 Richaloce Od a R	
	(Include pregnancy within 3 months of death)
# 14. Maiden name all the second	Major findings of operations
2 15. Birthplace quinkan quelon	Date of op.
16. Informant Lakas Beckett	Autopsy results.
0	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Salinlary md	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory Inglen Could Memorial Will	Where did Injury occur?
Location Salvaluny Port	Injured at home, farm, Industry, public place (where?)
	Msens of Injury Injured at work?
	eat m
Address Saleslury and	03 SIGNATURE & Cl. Juruelly M. 1)
6-/16- NY Magain A. Vo.	M. D. or other
19. (Date recal by fegistrar) 19 11 11 Banace Registrar	Address 800 W. Date signed 5-14-47



Qi. Grama

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and tegibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

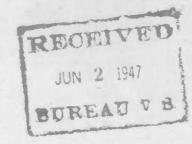
2411 N. Charles St., Baltimore

8300

CERTIFICATE OF DEATH

Reg. Dist. No. 333

	1 PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infantagive residence of mother).
1	County N ACOM	State mouther county wicemics
	(If outside city or town limits, wito RURAL and give nearest town)	N. C. L. Lange
	How long in above place of death?	City or town
	Hospital Institution, or street address where death occurred.	Street No. 11 10 . FF
	How long in hospital or institution?	(If rural, give LOCATION) 2.(a) If veleran, name war
	3. (a) FULL NAME	3. (b) Social Security Number
	mash burn m. William	arthur.
	4. Sex 5. Color or race (6.(a)Single, married, widowed, or dispred	MEDICAL CERTIFICATION
	male white married.	20. DATE DE DEATH May 25 1947 217: 45 PM
	6.(b) Name of husband or wife Mis. Edna Noshburn.	21. I CERTIFY that death occurred on the data above stated: that I attended deceased from
	41	May 19 1947 10 May 25 1947
	7. Birth date of	and that I last saw he alive on 2/24/4 (
	deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day	Immediate cause of death
	47 0 7 14min.	Cerebras Mismorrhage
	The male	
	9. Birthplace	Due to
	1D. Usual occupation	Bur de
	11. Industry or business	Due to
		Diher conditions
	12. Name State Silvan 2nd	
		(Include pregnancy within 8 months of death)
	14. Maiden names elorgana Mulle 15. Birthofactur Gulvan md.	Major findings of operations.
-	Mes Felses & Washing	Dale of op.
	16. Informan	Autopsy results
	Address No. FF . Saletting 7.4.	227VIOLENCE: If death was due to external causes, fill in the following;
	(Burial, cremation, or removed which?)	Accident, suicide, or homicide
	Cemetery or compatory aloram Church Cin	Where did injury occur?
	Vilram md	Injured at home, farm, industry, public place (where?)
	Helling of With R Ibelia	Means of injury Injured at work?
	18. Fulleral diffector	2 7/1/2 0
	surbalisty ma	733 SIGNATURE TIN STROME INK.
	10 5/271/ 10 HT, Harret & John	M. D. or other
	(December 2)	The AND



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Chartes St., Baltimore (37-0)

CERTIFICATE OF DEATH

04490 Reg. Dist. No. 333

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
County	(For newborn infants give residence of mother)	
City or town Salesbury	State Mangland county Ulecomica	
(if outside city or town limits, write RURAL and give nearest town)	City or town Marshela	
How tong in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)	
Hospital, institution, or street address where death occurred:	Street No.	
Penincula Sepend Forfile	(If rural, give LOCATION)	
How long in hospital or Institution? 9 days	2.(a) If veteran, name war	
	2.(0) 11 Teterall, Balle Wal	
G.(a) FULL NAME, Seorge William	3. (b) Social Security Number	
4. Sex 5. Color race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
male whiter residence	10	
nonce voluces in larves	20. DATE OF DEATH May 8 1947 at 7 7.	
Sarch G. Willow	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
i,(b) Name of husband or wife	4/28 1947 10 5-/8 1947	
6.(c) If allve, give age years	and that I last eaw h 122 alive on 5/8 1947.	
f. Birth date of deceased (mo., day, yr.) Sept 3 - 1963		
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION	
C. 5 0 12	Hay for for for for for	
80 8 10min.	Thumsun Linguing and	
Mardela Ita. Md	Due to.	
9. Birthplace (Town, county, and state)	900 10	
D. Usual occupation Paris Farrier	***************************************	
ID. USUAL OCCUPATION.	Due to	
11. Industry or business		
12. Name Taballay	Other conditions Precusing Security Meanly	
13. Birthplace		
E. 13. biranpiace	(Include pregnancy within 3 months of death)	
14. Maiden name.		
14. Maiden name 15. Birthplace 16. Birthplace 17. B	11 17 11 15	
= 1 13. Birtinplace	Bate of op. The fighter	
16. Informant ITOSIES SECTION	Aotopsy results	
made K Not MO	PHYSICIAN: Please underline the cause to which death should be charged statistically.	
Address 1100 delle 1, 1770.	22, VIOLENCE: If death was due to external causes, fill in the following;	
(Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide	
(Burial, cremation, or removal, Which?) (month) (day) (year)		
Cemetery or crematory 1100000000000000000000000000000000000	Where did injury occur? (City or town) (County) (State)	
Wasdole Mis	tnjured at home, farm, Industry, public place (where?)	
Location		
18. Funeral director Day Device 13.75	Meene of Injury Injured at work?	
A A A	16. 4	
Address Market 110.	40 MONATURE 1 / 11 / 1/14/	
6-110 HY 200 BO (10	M. D. or other	
(Date res'dby registrer)	Addrass Date signed	

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